

KANSAS MEDICAID STATE PLAN

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#12.a.  
Page 2

Prescribed Drugs Limitations

- ✓ 9. Drugs described in section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of section 310.6(b)(1) of title 21 of the Code of Federal Regulations (DESI drugs).
- ✓ 10. Barbiturates.\*
- ✓ 11. Benzodiazepines.\*

\* There are certain exceptions to the exclusions classes.

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### Prescribed Drugs Limitations

Prescribed medications are limited to those prescription-only and over-the-counter drugs, supplies and devices selected for inclusion on a formulary listing. This listing is contained within the provider manual.

Selected specific drug entities or products within specific therapeutic categories shall be covered services only with prior authorization. These are detailed in the provider manual.

The maximum quantity of medication which can be dispensed for any prescription is a ~~100~~ 34 day supply.

Pharmacy services for parenteral administration of total nutritional replacements and intravenous medications in the recipient's home require the participation of nursing services from a local home health agency. In areas not served by a home health agency, the services of a local health department or advanced registered nurse practitioner are required.

Pharmacy services related solely to noncovered transplant procedures are noncovered.

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Dentures Limitations

This page deleted in entirety. Dentures are not provided to non-EPSDT participants.

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Attachment 3.1A  
#12c

3.1-A Limitation

#12c Prosthetic Devices

Mileage for fitting prosthetic or orthotic devices requires prior authorization for over 100 miles round trip.

Prosthetic devices are limited to those which replace all or part of an external body member or an internal body organ. They must be prescribed by a physician.

Refer also to General Limitations page.

State Plan  
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Substitute per letter dated 8/9/99

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Attachment 3.1-a  
#12.d.

### Eyeglasses Limitations

1. Glasses are limited to one pair every four years excepting post-cataract surgery recipients are covered for up to one year after surgery.
2. Rose tints are noncovered.
3. Other tints are covered when prescribed for medical reasons.
4. Contact lenses require prior authorization.
5. Prior authorization is required for Replacement Procedure Code V2199 - Not otherwise Classified Single Vision Lens - CPF 527; and, Replacement Procedure Code V2299 - Specialty Bifocal Lens (By Report) - CPF 527
6. Plastic lens coating is noncovered.

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## KANSAS MEDICAID STATE PLAN

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### REHABILITATION SERVICES LIMITATIONS

#### A. Community Mental Health Centers Services

Community based mental health services for emotionally disturbed individuals based on fee-for-service reimbursement. Services must be provided under the direction of a physician and include:

##### 1. Attendant Care:

- a. Description: One to one support or supervision provided by a trained individual to adults who are Severely or Persistently Mentally Ill (SPMI) or children who are Severely Emotionally Disturbed (SED).
- b. Qualifications: Providers must have received SRS approved training for this provider type.
- c. Units of service are billed on a per hour basis.
- d. Limitations: There are no limitations.

##### 2. Admission Evaluation:

- a. Description: Evaluation of an individual to determine appropriate service delivery.
- b. Qualifications: Providers must be licensed or registered physicians, Ph.D.s or Qualified Mental Health Professionals (QMHP).
- c. Units of service are billed as 45-50 minutes.
- d. Limitations: There are no limitations.

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REHABILITATION SERVICES LIMITATIONS

A. Community Mental Health Centers Services (cont.)

3. Case Conference:

- a. Description: A scheduled face-to-face meeting involving two or more individuals to discuss problems associated with the consumer's treatment. The conference may include treatment staff, collateral contact or the consumer's other agency representatives, not including court appearances and/or testimony.
- b. Qualifications: Qualified Mental Health Professionals (QMHP).
- c. Units of service are billed in thirty (30) minute segments.
- d. Limitations: Six hours of case conferences are allowed per calendar year for consumers not participating in KAN Be Healthy. Limitations for KAN Be Healthy can be found in Attachment 3.1-A.

4. Case Consultation:

- a. Description: Case consultation is the physician's advice or opinion regarding the consumer's treatment.
- b. Qualifications: Licensed physicians.
- c. Units of service are not based on time but rather on the extent of the consultation. CPT codes determine the criteria for various service levels.
- d. Limitations: Consultations for a new patient are not covered if a consultation has been paid to the same provider for the same patient in the previous 60 days. Inpatient consultations for established patients are limited to one consultation every 10 days per provider, per diagnosis, unless medical necessity documents otherwise. Outpatient and in-office consultations for established patients are limited to one consultation every 60 days, per provider, per diagnosis unless medical necessity documents otherwise.

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### REHABILITATION SERVICES LIMITATIONS

#### A. Community Mental Health Centers Services (Cont.)

##### 5. Family Therapy:

- a. Description: Consumer centered therapy which includes one or more other family members.
- b. Qualifications: QMHPs approved by center staff under a treatment plan approved by the physician.
- c. Units of service are billed on an hourly basis and cannot be billed in conjunction with partial hospitalization.
- d. Limitations: Family therapy or a combination of family and group therapy is limited to 40 hours per calendar year, per consumer.

##### 6. Group Therapy:

- a. Description: Therapy delivered in a group setting to two or more consumers.
- b. Qualifications: QMHPs approved by center staff under a treatment plan approved by the physician.
- c. Units of service are billed on an hourly basis and cannot be billed in conjunction with partial hospitalization.
- d. Limitations: Group therapy or a combination of group and family therapy is limited to 40 hours per calendar year, per consumer. Group therapy is not covered when provided by psychologists, physicians or CMHCs in an inpatient setting since it is content of service of the DRG reimbursement to the hospital.

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### REHABILITATION SERVICES LIMITATIONS

#### A. Community Mental Health Centers Services (cont.)

##### 7. In-Home Therapy:

- a. Description: Therapeutic intervention by a trained therapist to help remedy client family problems which contribute to emotional disturbance. The purpose is to help avoid out of home placement, or to facilitate a child's successful return to the family if out of home placement has occurred.
- b. Qualifications: QMHPs approved by center staff under a treatment plan approved by the physician.
- c. Units of service are billed on an hourly basis.
- d. Limitations: This service must be prior authorized by the Commission of Mental Health and Developmental Disabilities. Documentation in the treatment plan must support that in-home therapy is necessary to prevent hospitalization or out-of-home placement of a child under 18 years of age. The in-home therapy treatment plan must be reviewed and updated every 90 days.

##### 8. Individual Therapy:

- a. Description: One-to-one therapy conducted under a treatment plan approved by a psychiatrist or physician skilled in the treatment of mental disorders.
- b. Qualifications: QMHPs approved by center staff under a treatment plan approved by a physician.
- c. Units of service are billed on an hourly basis and may not be billed in conjunction with partial hospitalization.

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### REHABILITATION SERVICES LIMITATIONS

#### A. Community Mental Health Centers Services (Cont.)

8. d. Limitations: Outpatient individual therapy is limited to 32 hours per calendar year for consumers not participating in the KAN Be Healthy program. Limitations for participants in the KAN Be Healthy program are listed in Attachment 3.1-A.

#### 9. Medication Administration:

- a. Description: Therapeutic or diagnostic injection; subcutaneous or intramuscular.
- b. Qualifications: Registered nurse or licensed physician.
- c. Units of service are billed on a per visit basis.
- d. Limitations: There are no limitations.

#### 10. Medication Group:

- a. Description: A medication group provides information about prescribed drugs, their effects, side effects and general health issues. A medication group must be provided as part of a partial hospitalization program.
- b. Qualifications: Registered nurse, licensed physician or physician assistant must supervise the medication group.
- c. Units of service are billed on an hourly basis for outpatient consumers.
- d. Limitations: Alone or in conjunction with partial hospitalization activity, a combined total of 1560 hours is allowed per consumer, per calendar year. Outpatient consumers are allowed one hour per seven day period.